ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):			FOR COURT USE ONLY
_			
TELEPHONE NO.:	FAX NO.:		
ATTORNEY FOR (Name):	NIA COUNTY OF		
SUPERIOR COURT OF CALIFOR STREET ADDRESS:	INIA, COUNTY OF		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE			CASE NUMBER:
	NOTICE OF MOTION		
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
1. L CHILD CUSTODY			
a. I consent to the or			
b. I do not consent to	the order requested but I	consent to the following order	:
2. CHILD VISITATION			
a. L I consent to the or			
b. L I do not consent to	the order requested but I	consent to the following order	···
3. CHILD SUPPORT			
	der requested		
a. Land I consent to the order b. I consent to guidel			
		consent to the following orde	r·
(1) Guideline	-	consent to the following order	1.
(2) Other (sp			
(2) 3.1101 (0)	cony).		
4. SPOUSAL SUPPORT			
a. I consent to the orde	er requested.		
b. I do not consent to the	•		
c. I consent to the follo	wing order:		
5. ATTORNEY FEES AND CO	OSTS		
a. I consent to the or	der requested.		
	the order requested.		
c Lonsent to the fol	lowing order:		

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
6. PROPERTY RESTRAINT a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
7. PROPERTY CONTROL a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
8. OTHER RELIEF a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
9. SUPPORTING INFORMATION contained in the attached declaration.	
NOTE: To respond to a request for domestic violence restraining orders requested in the <i>F Prevention</i>) (form DV-100) you must use the <i>Answer to Temporary Restraining Order</i> (Dor. DV-120).	•
I declare under penalty of perjury under the laws of the State of California that the foregoing Date:	is true and correct.
Date.	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)